

Expense Report Template for Fee Reimbursement

Employee Information

Name:	_____	Employee ID:	_____
Department:	_____	Date:	_____

Expense Details

#	Date	Description	Vendor/Payee	Amount (USD)	Receipt Attached
1	_____	_____	_____	_____	Yes / No
2	_____	_____	_____	_____	Yes / No
3	_____	_____	_____	_____	Yes / No
Total:				_____	

Purpose of Expense

Declaration

I certify that the above expenses are accurate and incurred for official purposes.

Employee Signature:	_____	Date:	_____
Manager Approval:	_____	Date:	_____

Important Notes:

- Attach original receipts for all expenses claimed.
- Ensure the expenses are within the allowable reimbursement policy.
- Submit the completed form with manager's approval.
- Incomplete or incorrect forms may cause processing delays.
- Keep copies of all submissions for your own records.